

## TRAVEL EXPENSE CLAIM

See Instructions and \*Privacy  
Statement On Reverse Side

Page 1 of

STD 262 (REV 6/93) (DHS Electronic)

CLAIMANT'S NAME <b>John C. Duncan</b>		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT <b>Industrial Relations</b>	
POSITION <b>400-102-9472-001</b>		CB/D NUMBER		DIVISION OR BUREAU <b>Director's Office</b>	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS <b>455 Golden Gate Avenue, 10th Fl.</b>		INDEX NUMBER	
CITY		STATE <b>CA</b>		ZIP CODE <b>94102</b>	
CITY <b>San Francisco,</b>		STATE <b>CA</b>		ZIP CODE <b>94102</b>	

(1) MONTH/YEAR <b>7 2010</b>		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION				(8)	(9)
(2) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDENTALS	(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS PARKING	(D) PRIVATE CAR USE MILES   AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
1	0700 2000	Tiburon to Sacramento; return							PC	P	20.00		
										T	5.00	189	94.50
2		San Francisco										24.63	24.63
23	0700 1900	Tiburon to Sacramento; return							PC	P	12.00		
										T	5.00	189	94.50
													111.50
(10) SUBTOTALS											42.00	378	189.00
COLUMN CODE (ACCTG USE ONLY)													
CLAIM TOTAL											378		\$255.63

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

7/1: meetings in Sacramento; worked from Sacramento DIR office

7/23: Attended CalChamber Employers Advisory Group meeting; worked from Sacramento DIR o

7/2: GlobalPak SIM for cell phone

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

\$0.500

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NO.

(15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE, OFFICER APPROVING TRAVEL &amp; PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See item 17 in instructions)

DATE